UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT			
1 Date of Request: 2 Se	erial/Pate	ent 10/52	4528
3 Please refund the following fee(s):	4 PAPE NUMB	R 5 DATE	
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc	•		\$
Maintenance			\$
Assignment			\$
Other			\$
		7 TOTAL AMOUNT OF REFUND \$	
	8 TO 1	BE REFUNDED I	BY:
10 REASON:		Treasury Check	
Overpayment		Credit Dep	osit A/C #:
Duplicate Payment	9		
No Fee Due (Explanation):			
		 .	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		_ TITLE:	
SIGNATURE:		_ PHONE:	
OFFICE:		.	
**************************************	NLY:	Repln. Kef: 06 04#:020184 H FC: 9204	<u>,08,2695 PKTDVELL 691595</u> ame/Humber:16524358 \$508.00 C
APPROVED:	_ DATE:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B